

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15097
Registrar's No. 8

FILED MAY 12 1953

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| BIRTH NO. | | REG. DIST. NO. 244 | | PRIMARY REG. DIST. NO. 5884 | | Registrar's No. 8 | |
| 1. PLACE OF DEATH a. COUNTY <u>Andy Bradley Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diamond Rt. #1</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diamond Route #1</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marion Twn.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Marion Twn.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Andy</u> b. (Middle) <u>Bradley</u> c. (Last) <u>Newton</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-28-1953</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>6-1-1868</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>North Carolina</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | 13a. FATHER'S NAME <u>Joe Jack Bradley</u> | | | |
| 13b. MOTHER'S MAIDEN NAME <u>Margaret Moore</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>Margaret Bradley</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. <u>Elizaveth Heckmaster</u> | | | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Elizaveth Heckmaster</u> | | | | ADDRESS <u>Diamond Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> <u>177X</u> | | | |
| 19a. DATE OF OPERATION <u>none</u> | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | | | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 21f. HOW DID INJURY OCCUR? | | | | 22. I hereby certify that I attended the deceased from <u>Feb 28</u> , 1957, to <u>Apr 28</u> , 1953 that I last saw the deceased alive on <u>Mar 28</u> , 1953 and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u> | | | | 23b. ADDRESS <u>Carthage Mo</u> | | | |
| 23c. DATE SIGNED <u>5/1/53</u> | | | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | |
| 24b. DATE <u>5-2-1953</u> | | | | 24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u> | | | |
| 24d. LOCATION (City, town, or county) (State) <u>Diamond Missouri.</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home Carthage Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>May 2-1953</u> | | | | REGISTRAR'S SIGNATURE <u>Albis Parnell</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 552-101

Date Filed MAY 11 1953

NEOSHO, MISSOURI

MAY 11 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.